DOCUMENT RESUME

ED 290 577 PS 017 155

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TITLE Traditional and Modernized Characteristics of Registered and Unregistered Family Day Care Providers.
PUB DATE 87
NOTE 59p.
PUB TYPE Reports - Research/Technical (143)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Certification; *Child Caregivers; *Family Day Care; Occupational Surveys; Professional Associations; *Professional Development; Professional Training; Qualifications

ABSTRACT

Registered and unregistered family day care providers were questioned regarding their "traditional" (less professionalized) and "modernized" (more professionalized) characteristics as described in Wattenberg's (1977) study of certified family day care providers. Data showed that unregistered providers had significantly less experience than registered providers as members of the labor force outside the home, and that registered providers had significantly more training and information on child care topics. Unregistered providers did, however, request more information on child care topics. In addition, unregistered providers had significantly more children in care than did providers in the registered group. The two groups were not significantly different on other variables in the survey. (PCB)

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TRADITIONAL AND MODERNIZED CHARACTERISTICS OF REGISTERED AND UNREGISTERED FAMILY DAY CARE PROVIDERS

ABSTRACT

Danetta Cox and Sherrill Richarz

Eighty-two registered and unregistered family day care providers were questioned regarding their "Traditional" and "Modernized" characteristics as described by Wattenberg in her 1977 study of certified family day care providers. It was hypothesized that the unregistered providers would exhibit more Traditional (less professionalized) characteristics, while the registered providers would exhibit more Modernized (more professionalized) characteristics. The data showed that unregistered providers had significantly less experience than the registered providers as members of the labor force outside the home, and registered providers had significantly more training and information on child care topics, which supported the hypotheses. However, the unregistered providers had significantly more children in care than the registered group and requested significantly more information on child care topics (if they were providing care at the time of the interview) than the registered group. The two groups were not significantly different on all other variables in the survey.

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TRADITIONAL AND MODERNIZED CHARACTERISTICS OF REGISTERED AND UNREGISTERED FAMILY DAY CARE PROVIDERS

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A recent sociological phenomenon has emerged that is reflected in many areas of American society: the influx of women into the workforce. This has substantially affected family life in general, and specifically the child care patterns of the family. Today, over 55% of all children under 18 have employed mothers. Seventy percent (70%) of the mothers with school-age children work outside the home, 54% of preschoolers have employed mothers, and 51% of mothers with children under age 3 have mothers in the work force. (Kahn and Kamerman, 1987; O'Connell and Bloom, 1987.) These increases are partially the result of rising divorce rates, greater numbers of two wage earner families, and increases in the number of unwed mothers. One out of every five children lives in a single parent household. These single parents, predominately women, often must work to support their children and frequently at a wage that is about two thirds of what men earn (Garfinkel and McLanahan, 1986).

A major concern of employed parents is finding safe, loving care for their children while they work that is affordable. With greater focus on early achievement, increasing media coverage of child abuse/neglect in day care, and debates on whether day care benefits or harms children, many parents are very concerned with the quality of care their children are receiving.

Parents make many different arrangements to meet the demand for child care: child care by relatives in their homes or the child's own home, part day care through preschools or kindergartens for children under six supplemented by other types of supervision, care by a "resident" or non-resident nanny in the child's home, clubs or special activities for school-age children after school hours, care in a family day care home, care in a child care center, or self care. The choice of care is influenced by a number of factors such as the child's age, number of children in the family who need care, hours of care, costs, and location. In the 60s and 70s many children of employed parents were cared for in their own home (55%); a little less than half of these were "looked after" by an older sibling or were alone, and others are "watched" by the father or other relative. A small portion (7%) were cared for by someone who came into the home such as a nanny or housekeeper (Emlen, 1980). For those who used out-of-home care (68%), 10.5% used a relative's home, 17.66% used a day care center, and 40.3% used a family day care home. (The total of both in and out-of-home care equals more than 100% since 34% of families used more than one type of care.) Almost 70% of households using out-of-home care used family day care (Emlen, 1980).

Currently, the types of arrangements families make are changing somewhat, but many infants and toddlers are still cared for by relatives. Family day care is the major form of care for children under 3 (40% of infants and toddlers are in family day care). However, there has been a significant increase in the use of center or group care for this age group--from 11 to 16 percent in just five years (Bloom and O'Connell, 1987; Kahn and Kamerman, 1986).

Preschool-age children are increasingly placed in group programs, but family day care continues to be the form of care used as a supplement for children under eight who attend preschool or primary school for part of the day. About half the 3- and 4- year olds who need care are in some type of child care center. Information related to child care arrangements for school-aged children is inadequate and unavailable. However, there are clear indications that family day care is the most important form of out-of-home care for this age group (Child Care Action Campaign, 1987; Kahn and Kamerman, 1986). The increasing demand for inexpensive, convenient supervision of children will place even more children in child care, and much of it will be provided by family day care homes. Nationally, it is estimated that the need for care will increase by 1 million by 1990 (Moore, 1982). Dr. S. Hoffreth, a demographer, estimates that by the mid 1990s two-thirds of women with children under six and three-fourths of those with school-age children will be employed outside the home (Kahn and Kamerman, 1986).

Although family day care is still the most frequently used form of out-of-home care, little research has been done on this type care (Eheart and Leavitt, 1986; Divine-Hawkins, 1981; Emlen, 1980, 1974, 1970; Stallings & Porter, 1980; Wattenberg, 1980). From the research available, one can characterize family day care in general as being different than center care in that there are fewer children being cared for in the total group, the hours are more flexible, and wider age ranges are accepted. Others feel it may be more adaptable to the special needs of handicapped or sick children although there is no evidence to support this idea.

Several researchers have reported on the average family day care provider. The provider has been characterized in a number of studies as being mature, experienced, capable, warm, nurturing and child oriented (Mayall, 1977). The average provider is female (99%), in her thirties (with some providers as old as in their seventies [6%]), and has been a provider for an average of seven years (Nowak, 1979; Sponseller, 1980; Divine-Hawkins, 1981; Huges, 1985; Eheart and Leavitt, 1986). Howes and Rubenstein (1978) found that they have been mothers longer than their clients, with an average of 10 years experience as a mother. They have an average total family income of approximately $15,000/year (Majeed, 1983). Their education usually ended after completing high school (Anderson, 1981; Huges, 1985; Majeed, 1983; Eheart and Leavitt, 1986), although there are some providers on either end of the educational scale. Some providers have less than eight years in school (10%), and some have college experience (8%) (Stallings & Porter, 1980). Stallings and Porter (1980), in their report of the National Day Care Home Study, also found in their sample that educational level was not significant in relation to quality of care unless that education was specifically in the area of child development. They speculated that although formal education, per se, had little effect on caregiver behavior, some training in the delivery of day care appears to be useful. Results of the National Day Care Home Study (Divine-Hawkins, 1981) emphasize that specific training in child care is an important indicator of quality.

In a study by Wattenberg (1977), the researcher not only describes the general attitudes and characteristics of family day care providers, but also divides providers into four "types" primarily dependent on their caregiving

styles and views on professionalism, and training. These styles are closely related to the providers' attitudes about women's roles as wives and mothers.[1]

Wattenberg drew a random sample of 120 providers from participants in a statewide family day care training program in Minneapolis, Minnesota. All were licensed providers who had several opportunities to participate in the program. The sample was drawn from high level participants, low level participants, those who only participated in the "in-home" training, and non-participants. There were 30 subjects in each group for a total of 120. She then categorized this group of subjects into four types: Traditional, Modernized, Transitional, and Novice.

She states that 50% fell into the "Traditional" category. They were described as "home bodies" who feel comfortable in their work, had cared for children for several years, saw family day care as a long-tern job, and felt training was intrusive, irrelevant, and "a lot of red tape." They believed in their natural abilities as mothers, and often thought of training as a "put down" of their skills. They preferred training that was casual, short-term, and easily accessible.

The next 30% fell into "Modernized" category. They differed from the Traditional provider in that they sought out training to enhance their professionalism. They were mobile, having driver's licenses and access to a vehicle. They were more likely to have worked outside the home and preferred training that was long term and college-accredited. They also had more children under care than the Traditional provider. The other two categories Wattenberg described are the "Transitional" provider who was in the process

of changing from a "Traditional" to a "Modernized" provider, and the "Novice" who is like the Traditional provider, but who had a low commitment to care, and who was likely to prefer training that was "in-home." This study was one of the few that developed a framework to describe family day care providers and how their caregiving and individual attitudes differed.

The matter of day care providers' attitudes was also examined by Lauritzen (1978), who questioned 15 trainees in a family day care provider training project. Results yielded the following attitudes about employed mothers among her subjects: 81% agreed that "mothers shouldn't work unless they have to;" 46% agreed that "women with babies should stay at home;" 83% agreed that "family day care providers are substitute mothers;" 77% agreed that "If the family day care provider disagrees with the mother on something about the child, the mother's wishes should come first."

It is interesting to note that quite a few providers in Wattenberg's study had negative views about young mothers in the workforce. One provider summed up her negative feelings toward one of her clients as follows:

> She drives up, looking like a model, smelling of perfume, earrings dangling, all made up, first thing in the morning. Hands over her baby to me, half the time in dirty diapers. She won't even take the time to talk to me (Wattenberg, 1977, p. 222).

Stability in the Family Day Care Arrangement

Stability, or length of time a child stays in the child care arrangement, is a major concern when considering quality. Several researchers state that constantly changing caregivers keep the day care environment unfamiliar and hectic for both children and parents

(Divine-Hawkins, 1981; Emlen, 1982; Zigler & Gordon, 1982). The average length of arrangement for a child is about 13 months according to Emlen (1982) and Anderson (1981). Anderson also found that 50% of family day care providers in his study had sporadic work histories, taking time off from this type of work for a variety of reasons, one of which was pregnancy and child bearing. Sponseller (1981) reports that providers who tend to be less stable are usually younger providers who decide to offer care so that their children can have playmates, or who are often waiting for their own children to reach school age, perhaps to begin an outside job.

Providers who are more stable caregivers usually tend to see themselves as a "sitter," have older families, have lived in the same house for several years, have low emotional drain from their work, low defensiveness, feel the children have adjusted well, approve of the mother's discipline, enjoy increased closeness with the mother, and find the arrangement convenient (Emlen, Donoghue, and Clarkston, 1972). Emlen also found in a 1974 study that mothers are more likely (66%) to terminate the arrangement than the provider and do so most often because of "external" reasons such as a job change or a family move. Other reasons Emlen cited included dissatisfaction with the sitter's concern for the child and difficult relations with the sitter. Emlen also found that providers terminate arrangements because of stress (28%), difficulty with parents (13%), low income reimbursement (9%), isolation (9%), changes in family situation (7%), hours (3%), or because they found other work (2%) (Emlen, et al., 1971, 1972).

Providers' Attitudes About Their Work

Providers' attitudes about their work has been examined in several studies. For example, providers' motivations for initial involvement in family day care were examined by Majeed (1983). In ranked order, his findings included such motivations as: 1) the enjoyment of children; 2) wanting to stay at home with own children; 3) wanting to work at home; 4) for the "benefit of their own children" as a reason; interestingly, no licensed providers in this sample listed this as a reason.) Relatedly, Tennesen (1985) lists the following as the self-reported "best aspects" of being a family day care provider: the love from the children, income, being able to stay at home with own child, and helping families.

Reasons for dissatisfaction, which are slightly different than those for termination, include: emotional drain, long hours, role strain, lack of mother's concern for the child, and child's lack of adjustment (Emlen et al., 1972). Isolation was a problem for several providers (Tennesen, 1985; Sponseller, 1981; Emlen, 1980; Howes & Rubenstein, 1978) and was the cause for termination for 9% of providers examined in Majeed's 1983 study.

Major areas of concerns or problems of caregivers as described by Wolfgang (1977) include, in descending order: 1) financial problems, such as no paid holidays or vacations; 2) insurance; 3) no sick leave or overtime pay; 4) the high cost of overhead; 5) problems with parents such as conflicts, the health and cleanliness of the child when dropped off, late payments, and parents not paying for as much time as was used; 6) problems with training. Sentiment on training was characterized by statements such as: "It is too long," "it is on short notice," "I can't find

a substitute," and "transportation is a problem." They saw little need for training except in the areas of special needs children and medical information. The major problem cited with regard to regulatory agencies was the lack of opportunity to voice grievances, and the seemingly subjective and changing regulations. Eheart and Leavitt (1986) found that many day care home providers do not want training.

Other topics of concern to providers as cited by Wolfgang (1977) include: emergencies, responding to a child's negative behavior, USDA paperwork, and the special needs of infants, toddlers, and school-aged children. One study (Emlen, 1971) examined providers' concerns with their own families. Forty-one percent said that their family day care work was hard on their families, and 11% said that their husbands did not approve of their family day care work. When asked about stress specifically, providers in Tennesen's (1985) sample listed the following as the most stressful (in descending order): 1) 'wear and tear' on the house; 2) noise and confusion; 3) isolation; 4) after-hours care; 5) self-esteem. Stress related to clientele specifically included: 1)parents who change schedules on short notice; 2) demanding parents; 3) conflict with parents; 4) sick children.

In summary, family day care providers are described as competent, nurturing caregivers who, according to some researchers, may be classified into several typology according to how they view their work. The average length of a day care arrangement for a child is 13 months and the average provider works for about 7 years in this field. Parents are most likely to terminate an arrangement and do so largely because of outside influences. When providers t. minate care it is most often because of stress and

difficulty with the parents. Major concerns or problems faced by the provider include stress, lack of benefits, and problems with parents.

Family Day Care Providers and Regulation

One of the most striking facts about family day care is that over 90% of all family day care homes in the U.S. are unregulated (Divine-Hawkins, 1981; Rowman, 1985; Weinstein, 1983). Stallings and Porter (1980) describe those who are regulated as: more helpful and involved with children, having safer physical environments, and having better nutritional programs. Majeed (1983) and Anderson (1981) cited reasons given by providers for not becoming regulated. Anderson's reasons included: not wanting to claim the extra income on taxes (60%), limits on number of children, not wanting the state to interfere (50%), and ignorance of the law (63%). It seems unusual for providers to cite number of children as a reason since most have only three children in care, below the maximum allowed in most states. Reasons cited by Majeed for not seeking licensing or state approval were: disregard for the law, low value placed on regulation, lack of benefits for regulation, and lack of enforcement.

Reasons given to become regulated from the Anderson (1981) study included: training (30%), information on child care (30%), membership in a professional organization (40%), and professional support (53%). Sixty percent indicated that regulation lent importance to their work, 44% said it helped bring in more children, and 42% desired regulation for legal reasons. Yet, another 40% also said that legal reasons for regulation were not important to their decision. Anderson also noted that when licensing regulations were changed to registration only, the state of Connecticut

experienced a 248% increase in regulation of family day care providers. Anderson also stated that 68% of family day care providers in this sample preferred registration over licensing.

Providers who were certified in Majeed's (1983) Casper, Wyoming study of 100 providers, were, on the average, older (by approximately eight years) than non-certified providers. They were also less likely to be married (76.5% married versus 96% for non-certified providers), felt more professional, and had more experience as providers. However, certified providers exhibited the same characteristics as non-certified providers in educational level, reasons for working, and socio-economic status. The certified providers' increased sense of professionalism seems to relate to Wattenberg's (1977) "Modernized" provider characteristics.

There is considerable disagreement over which system is better: licensing, certification, or registration. Some researchers feel that licensing and certification are needed to insure the quality of care for children, and others see these options as too expensive and too hard to implement. Alternatively, they hope to convince unregulated providers to register and leave most of the quality control to the providers and parents.

To conclude, over 90% of family day care providers are unregulated, and providers cite many reasons for choosing to become regulated. There is some controversy over whether state agencies should require licensing and certification, or whether they should request registration only. Registration is favored by most family day care providers and seems to result in more providers becoming regulated. Decreased control is a problem, however.

The Family Day Care Provider and Training

Adequate training and access to information and support for the provider are major components needed to insure quality care for children and has concerned many child care professionals. Majeed (1983) found that 5.9% of the providers in this study has prior training in education or teaching, and Porsky (1979) found that 12.6% of those providers in his study has similar training. Majeed also stated that providers in his sample has some "babysitting" experience (49.3%), 24% of the sample has some training from workshops, and 22% has some coursework in child care. In a sub-sample from a poor, black neighborhood, Majeed found that these providers had much more babysitting experience (80% versus 49.3%) and less academic training (no training versus 22%) than the total sample. On the basis of these data, it would seem that providers from poorer, minority neighborhoods may rely more on "baby sitting," which may not necessarily be a positive training experience, than on formal training.

With regard to providers' attitudes about training, providers in Sponseller's 1981 study of 29 family day care providers and their clients in Michigan, commented that they thought, "if you have children of your own, you don't really need training," and that training was hard to arrange while working. Wattenberg (1977) found that providers were less likely to attend training if they had no driver's license, had inconsistent work histories in family day care, had few children in care, and exhibited other characteristics which would classify the subject as a "Traditional" type provider. She states that providers became more accepting of training, however, once they began.

Porsky (1979) found that, after a family day care training program, his subjects, gained slightly in quality scores (a change from 2 to 2.3 on a scale from 1 - 4). However, subjects selected from a poor neighborhood showed no change, which is one study which may challenge the notion that training directly corresponds to better quality care. It would be important to note the specific criteria used by Porsky to measure quality.

On the basis of previously cited research (Anderson, 1981; Majeed, 1983; Stallings & Porter, 1980), it would seem that regulation is at least as important a variable as training in providing quality care. Perhaps they are both related in that a provider often must be on a registration list before being contacted about training opportunities, or possibly related in that conscientious caregivers who are willing to put forth the effort to become registered, are also willing to pursue training.

Requested areas of training for providers, as listed by Anderson (1981) and Porsky (1979), included: 1) help with record keeping and taxes; 2) children's needs; 3) nutrition; 4) locating community support and services; 5) time management; 6) illness and emergencies; 7) home setup; 8) better environments to help children grow; 9) discipline and children's activities.

In summary, many child care professionals feel that adequate training of the family day care provider should be a major component of insuring quality care for children. However, attitudes toward and participation in training vary greatly among providers. For example, some providers have formal training when they enter the market, but many are limited to only some experience in "babysitting." Research indicates that certain types of providers tend to be more inclined toward training, but interestingly, less

enthusiastic providers become more accepting once training begins. Providers also make requests of areas in which they desire training and have preferences on the organization of training.

THE PRESENT STUDY

Although family day care providers are responsible for the care of an ever increasing number of children, little is known about these providers as a group. In addition, child care professionals lack information on most of all family day care providers--the unlicensed providers. There is also little information on how unlicensed or unregistered providers compare with licensed or registered providers. This study attempted to explore general characteristics of family day care providers and to identify significant differences between licensed/registered providers and unlicensed/unregistered providers on specific variables, primarily in regard to Wattenberg's typology of Traditional and Modernized types of family day care providers.

Eighty-four family day care providers completed interviews in this telephone survey. One-half the subjects were taken from a list of registered providers available through the state. Registration in the state selected is voluntary but is needed for participation in the USDA food program and for other benefits, such as being listed with the "community list" of child care providers. An attempt was made to contact every registered provider listed, although several providers remained unavailable even after several calls.

The non-registered providers were obtained through the examination of advertisements for child care in local newspapers. Majeed (1983), Anderson (1981), and Stallings & Porter (1980) used this method to obtain unregistered providers in their research. Wattenberg noted that it took approximately one

year for new providers to manifest the characteristics which made it possible to classify them as either Traditional or Modernized. Thus, subjects for this survey for the unregistered sample were obtained from newspaper ads from one year prior to the interview. This procedure also allowed enough time for the providers to have made choices about continuing to provide care.

Instrument and Procedure

Questions were derived from the list of 29 variables described by Wattenberg. Additional questions were added by the researcher which were derived from other, similar research on family day care providers.

The subjects were called between the hours of 9:30 a.m. and 9:00 p.m. and the procedure was explained to each subject before the interview. Each subject was asked if she/he had any questions before beginning. Complimentary resource materials on family day care were offered to the providers for their participation in the interview.

Data Analysis

Average scores for both the registered and unregistered providers as well as the total averages for the entire sample were computed. T-tests were computed for those questions which required an answer on a continuum. Chi-square values were computed for those questions requiring a categorical response.

Results and Discussion

One hundred forty-five providers were called and a total of 84 interviews were completed in this survey. Sixty percent of all contact calls resulted in a completed interview. Seventy-six percent of the contact calls to registered providers resulted in completed interviews, while 45.6% of the

calls to the unregistered group resulted in completed interviews. Most of the unsuccessful contacts were due to disconnected numbers, no answers after several calls, or an inability to reach the provider. There were five refusals, equally distributed between the registered and unregistered groups. Ninety-nine percent of the subjects were female. The average length of an interview was 14.49 minutes. Complete results of the study can be found in Appendix A.

In general, many of the variables Wattenberg (1977) used which characterized her Traditional and Modernized types were not significant in this study. Some variables: previous experience working outside the home and training on child care topics remained significant variables. Other variables: number of children in care is the opposite of what would be expected according to Wattenberg's typology.

Table 1 shows the same general characteristics of the family day care providers in this study as described by Wattenberg (1977) in her earlier study. Both the registered and unregistered providers in the current research reported similarly in such areas as age, education, total family income, marital status, spouse's occupation and number of own children.

Table 1

General Characteristics of Registered and Non-Registered Providers

	Unregistered	Registered	Level of Significance
AVERAGE AGE IN YEARS	n=41 35.8 yrs. sd=11.36 n=41	n=43 37.8 sd=9.12 n=43	ns
LEVEL OF EDUCATION	n=41	n=43	
8th grade or less	2.4% n=1	2.4% n=1	ns
9th grade to senior standing	0% n=0	7.1% n=3	
high school graduate	39% n=16	21.4% n=9	
junior college or technical school	2.4% n=1	9.5% n=4	
some college	31.7% n=13	42.3% n=18	
college graduate	9.8% n=4	14.3% n=6	
graduate school	14.6% n=6	2.4% n=1	

TOTAL FAMILY INCOME	n=41	n=43	
less than $10,000	9.7%	21.4%	ns
per year	n=4	n=9	
$10,000-$19,000	39%	38.1%	
	n=16	n=16	
$20,001-$30,000	34.1%	33.3%	
	n=14	n=14	
over $30,000	17.1%	7.1%	
	n=7	n=3	
MEDIAN TOTAL FAMILY INCOME	n=41	n=43	
yearly income	$20,714/yr.	$17,500/yr.	
MARITAL STATUS	n=41	n=43	
single	4.9%	7%	ns
	n=2	n=3	
married	82.9%	74.4%	
	n=34	n=32	
separated	0%	4.7%	
	n=0	n=2	
divorced	4.9%	11.6%	
	n=2	n=5	
widowed	7.3%	2.3%	
	n=3	n=1	

SPOUSE'S OCCUPATION	n=41	n=43	
unskilled	11.8%	6.5%	ns
	n=4	n=2	
skilled	35.3%	48.4%	
	n=12	n=15	
professional	32.4%	22.6%	
	n=11	n=7	
student	8.8%	6.6%	
	n=3	n=2	
unemployed	0%	6.5%	
	n=0	n=2	
retired	2.9%	3.2%	
	n=1	n=1	
self-employed/farmer	8.8%	6.5%	
	n=3	n=2	
AVERAGE NUMBER OF OWN	n=41	n=43	
CHILDREN	2.51 children sd=1.7	2.77 children sd=1.65	ns
AVERAGE AGE OF OWN CHILDREN	n=36	n=34	
	9.9 sd=9.7	9.47 sd=6.3	ns

When examining the average ages of the sample, providers were in their thirties with some providers as old as 72 and some as young as seventeen years of age. These findings are similar to the distribution cited in Huges' (1985), Nowak's (1979), and Sponseller's (1980) samples. The educational level reached by the average provider had risen since earlier studies (Divine-Hawkins, 1981; Anderson, 1981; Huges, 1985; Majeed, 1983). These researchers reported the average educational level reached in their samplings was a high school graduate, with 10% completing eighth grade or less, and only 8% having some college education. The current sample had fewer providers with an eighth grade or less education (2.4% for both unregistered and registered providers) and more providers with at least some college education (56.1% for the unregistered providers and 59% for the registered providers).

Although the total family incomes were similar for both groups, the unregistered group had a median income more than $3,000 a year higher than the registered group. Another slight difference is evident between the two groups in regard to the provider's marital status. In earlier studies most providers (80%) were reported as married (Nowak, 1979). This is also true for this sample, but like Majeed's 1983 sample of certified and non-certified providers, to a lesser degree for the registered provider (unregistered 82.9%; registered 74.4%). The registered providers in this sample were more likely to be single (4.9% vs. 7%) or separated (7.3% vs. 2.3%) than the unregistered providers. Age does not seem to be a factor in this difference because both groups were similar in age. These findings may partly support the hypothesis that Modernized types of providers are more likely to be in

non-traditional roles. The difference in marital status may also be one reason why registered providers have lower total family incomes in that women without spouses are more apt to fall into lower income brackets (Garfinkel and McLanahan, 1986; Fraser, 1984).

Spouse's occupation was also similar for both groups with most of the providers' spouses falling into the skilled labor (unregistered 35.3%; registered 48.8%) and professional (unregistered 32.4%; registered 22.6%) categories. The average number and average age of the provider's own children was also similar, with the unregistered group reporting an average of 2.51 children and the registered groups reporting an average of 2.77 children. The average ages of the unregistered and registered providers' own children were 9.9 years and 9.47 years, respectively.

As expected from Wattenberg's typology, the registered providers has held significantly more jobs outside the home than the unregistered providers (unregistered 2.6 jobs vs. registered 4.29 jobs, $p=.03$), and were more likely to plan to return to work outside the home after all their children were school age than the unregistered providers (registered 52.6% vs. unregistered 45%). This increased experience with being members of the traditional labor force does not seem to be a factor of age because again, both groups were similar in average ages.

On average, registered providers had been providing care for almost one more year than the unregistered group (5.57 years vs. 6.5 years), although the unregistered providers reported they were planning to continue providing care for a longer amount of time than the registered group (unregistered 2.12 years; registered 1.87 years). The registered providers also stopped

providing care more often than the unregistered group (unregistered .659 times; registered .884 times) and were more likely to have discontinued care at the time of the interview (unregistered 18.6%; registered 29.3% has stopped).

Contrary to the assumption from previous studies that the registered providers would have more children in care than the unregistered providers, this sample showed the unregistered group to be significantly more apt ($p=.016$) to have more children in care who were not their own. They were especially more apt (unregistered 19.5%; registered 2.3%) to have 6-9 children other than their own in care. This tendency for some unregistered providers to have a high number of children is consistent with Emlen's 1974 findings which stated that some unregistered providers have seven or more children in care who are not their own. Unregistered providers tend to have children of their own at home under the age of five more often, and it would seem that the unregistered providers are more likely to have a greater number of children than is recommended by many state child care agencies.

One reason for the unregistered having more children in care may be that registered providers are strictly regulated in relation to numbers of children in attendance. The difference in number of children in care does not seem to be related to economic need (i.e., lower total incomes; having more dependent children) because, as mentioned earlier, the average number and ages of the provider's own children were about the same and the total average incomes for the unregistered providers was significantly higher ($p=.065$).

This finding may relate to Anderson's (1981) statement that many (50%) of the unlicensed providers in his sample cited "limits on number of children" as a reason for not becoming licensed.

The results did not support the position that the registered providers would be more accepting of professional development and training than the unregistered group. The registered group was significantly higher in this category only on one measure (number of topics in which they had received training/information), and the unregistered group scored significantly higher on another measure (number of topics in which they had received training/information). The unregistered group scored significantly higher on another measure (number of requests for information on child care for those subjects still providing care).

There were no significant differences between the registered and unregistered groups on the following measures: thinking of their work as a profession (unregistered 64.1%; registered 66.7%), belonging to a child care association (unregistered 14.6%; registered 16.3%), having a substitute (unregistered 70.7%; registered 74.4%), or having requested training/information on such topics as community services, record keeping, money management, taxes, stress management, and time management. There was a significant difference, however, in the number of providers who had some information on joining a family day care association (unregistered 26.8%; registered 67.4% p=.0002).

This difference, as well as others, may well be attributed to the fact that the registered providers are on a list which is utilized by many groups offering training and other professional development opportunities such as

joining a professional association. For example, 46.3% of the unregistered and 83.7% of the registered providers had information on the USDA program ($p=.001$) and its training in nutritional information. This significant difference could be attributed to the fact that only registered providers are contacted about this program.

The two groups were also similar in the types of training they preferred and how they agreed with the statement "being a mother is all the training you need for being a good day care provider" (unregistered 19.5% and registered 17.1% somewhat agreed with the statement; 17.1% unregistered and 4.7% of the registered group strongly agreed with the statement).

The two groups were also similar in the number of topics they requested when all providers' answers (both those who had stopped and those who were continuing care at the time of the interview), were examined (unregistered 6.9 topics; registered 7.93 topics). However, when only those providers who were continuing care at the time of the interview were examined, the unregistered providers requested more topics than the registered providers. Also, significantly more of the unregistered providers asked for all of, or nearly all of, the topics offered (unregistered 83.9%; registered 16.6%, $p=.039$). On the basis of this difference, one might speculate that unregistered providers are mainly interested in obtaining information on child care when they are actually providing care or perhaps, as mentioned by some providers, they planned to share this information with other unregistered providers they knew. Unregistered providers might have also felt they needed to provide a "socially acceptable" explanation for all their requests by saying the information was for "a friend."

As expected, the registered and unregistered providers were significantly different with regard to the number of topics on which they had received training/information (unregistered 10.8 topics; registered 12.5 topics, p=.032). This finding tends to support Wattenberg's typology. Again, several of the topics they had more information on (such as the USDA program and nutrition) might be directly related to the fact that these providers were registered. Once their names were added to the list of state registered providers, the caregiver received information on eligibility for the USDA program and the program's information on meal planning and nutrition. Also, as stated earlier, this list is used as a primary source for groups wishing to contact caregivers about day care groups/associations and possible training opportunities. This tendency for registered providers to have more training/information on child care topics that may not necessarily be tied to their different attitudes towards training but possibly to the greater opportunities they have for training.

The last finding, which stated that the unregistered providers would be more likely to be classified as "Traditional" and the registered providers classified as "Modernized" according to Wattenberg's typology, was not supported. When subjects were measured on those traditional values cited by Wattenberg, both groups responded similarly, although the unregistered did score slightly higher on most of the traditional measures.

It is worth noting that although there was little difference in the way the two groups of providers responded to the statement "mothers with young children should not work..," both groups had many respondents (unregistered 48.85; registered 39.5%) who "strongly agreed" with this statement. Similarly, both groups had providers who "strongly agreed" that "mothers

with school-age children should not work..." Many of the providers in this survey were staying home with their own young children. It was mentioned by Wattenberg (1977) that some Traditional type providers may not approve of their clients working which may lead to some tensions within the provider/client relationship.

Conclusions and Implications

Perhaps the nine years which separate these two studies (Wattenberg, 1977) and the present study in 1986 many account for some of the differences between the groups, especially in regard to possessing a driver's license, and attitudes on traditional women's roles, two variables which might have changed greatly since the women's liberation movement of the last two decades. Yet, other traditional variables are intact, such as Traditional type providers having fewer jobs than their Modernized counterparts, a variable which is noteworthy in light of the recent influx of more women into the workforce. It is possible that differences in sampling, interview methods, and lack of the original questions also account for some differences. It is also possible that the hypotheses may be flawed in that being a registered provider may not necessarily be characteristic of being a Modernized provider and being unregistered may not necessarily be a characteristic of being a Traditional type provider. Wattenberg's sample did not include unregulated providers and Wattenberg did not address registration nor certification as typological variables.

In reviewing the comments which were not examined statistically (see Appendix B for comments) made by the providers, several were mentioned frequently and warrant discussion. Notably, there was a marked difference in

the reasons given for discontinuing care which might support the Traditional/ Modernized hypotheses. For example, none of the unregistered providers mentioned that they had stopped providing child care to "start working outside the home," while 6% of registered group had. In addition, 12% of the unregistered group indicated that they had stopped work "to have a baby," while only 4% of the registered has mentioned this as a reason. On the basis of these responses, it would seem plausible that registered providers are more likely to terminate caregiving in order to begin a job outside the home, yet less likely to stop to have a child which, if an accurate observation, might support the "work oriented" characteristic of the Modernized provider. This finding could reflect that registered providers have fewer babies or that they do not necessarily stop providing care when they do have offspring.

When providers were asked what other reasons they would like to add to the list of reasons they were attracted to family day care work, the most common response was to provide "... quality, low cost child care for my own children" (unregistered 9.7%; registered 7.0%). In support of this finding, many providers mentioned they had a difficult time finding acceptable day care at a reasonable cost for their own children when they worked outside the home and found it less expensive to stay home with their own children and to 'take in' other children to earn an income. This is not surprising considering the high cost of child care in relation to the often low wages available to women.

In regard to responses to information requested on training/ professionalism, the most common addition made by providers to the list of

training/information topics, was having experience raising their own children. According to Wattenberg's typology, it is reasonable to expect the unregistered providers to cite this more often, but it seems that both groups assigned equal importance to this type of experience as training.

Another commonly cited topic added to providers' lists was the need for more training/information on "parent education," and "working with parents' (unregistered 8%; registered 2%). This "concern with parents" was also a frequently cited topic mentioned at the end of interviews when subjects were invited to additional comments to their survey responses and "concern that parents were not interested in quality care for their children." The most often made remark by providers, however, reflected the generally positive attitudes they had toward their work. Twenty-five percent of the unregistered providers and 11% of the registered providers mentioned that they "really loved and enjoyed their work" and were "happy with and proud of" their profession although again, this may reflect what the subjects felt was a socially accepted answer.

Implications

Practical applications of the results of this research might include: acquainting both parents and unregistered providers with the state child care regulations pertaining to the limit on total number of children allowed with one provider. It seems vital to help them understand the valid, practical reasons for this limit, for the data show that possibly 20% of the unregistered providers are in violation; the actual number may be much higher. If providers are not limiting themselves to a reasonable number of children, parents might control this, if they can be motivated to do so.

This may result in higher child care fees to insure these lower child/adult ratios. Unfortunately, it seems, from the comments by the providers (see Appendix B), that parents may be as guilty of neglecting the need for quality care as determined by a variety of criteria as many providers are.

Those who are interested in planning and providing training for providers might note that the two most frequently requested topics were activities for young children and dealing with disciplinary problems, which is somewhat different than the most commonly requested areas for assistance as reported by earlier research (Anderson, 1981) that listed record keeping and taxes, children's needs, and nutrition as most wanted topics.

Relatedly, prospective trainers might keep in mind that many providers have children under five years of age at home, and they may need child care for their own children in order to attend training. It might also be useful to note that 12% of the unregistered and 9% of the registered providers in this study did not have driver's licenses, but that a majority of all providers did have a substitute for caregiving. Since many providers might find time and transportation to attend meetings and workshops a problem, several of the providers mentioned that the dissemination of day care newsletters would be a convenient way for providers to network and to receive information. In support of this suggestion, 92% of the providers sampled in the Crowe, et al. (1975) study reported they read the newsletter provided by the researchers. Televised (and/or)/video taped training sessions might also be a possibility for providers could watch sessions in their own homes at their convenience.

Child care professionals might also be guided by results of this study concerning many unregistered providers' plans to continue rendering care for

longer periods than do registered providers, that they are more likely to provide stable, continuous care, and that they usually have more children in care than do registered providers. Unregistered providers comprise over 90% of all family day care providers, so efforts to improve the quality of family day care might best be spent focused on improving and registering or licensing the unregistered providers. These nonregistered providers asked for more information than the registered providers which does seem to indicate a desire to gain new knowledge and increase their effectiveness as child care providers.

Those interested in attracting unregistered providers to professional associations might also note that although the registered providers had significantly more information on joining a family day care association available to them, both groups had a similar number of providers who actually were in a group or association and also had the same number of requests for information on family day care associations. Thus, it would seem that the unregistered providers were as interested in and as likely to join a group or association, but has less opportunity to learn about professional groups. Professional child care organizations might use other ways than licensing or registration lists to locate possible participants. Newspaper and bulletin board ads, neighborhood "networks," and contacting parents who use day care may be useful sources for recruitment.

To conclude, in reviewing the research, further investigation is warranted concerning the causes for unregistered providers accepting more children over the full-time 'children per provider limit' and the specific reasons they have for not being registered or licensed.

Also, pilot studies which use newsletter, video types, televised educational programs, and "phone trees" as communication links between providers and information agencies, might all be useful and convenient means for providers to gain support and information to ultimately enhance the quality of child care services.

FOOTNOTES

[1]Wattenberg notes that the work of Scanzoni (1975), Benard (1975), and Rossi (1970) were important to the formulation of her Traditional/Modernized provider typologies.

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Survey Results for All Questions

		MEANS		
		UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
Q1.	How many children do you care for other than your own? (all part-time children were assumed to be 1/2 time) n=84	4.04 children sd=2.11	3.05 children sd=1.51	+
Q2.	How many years have you been a family day care provider? n=84	5.57 years sd=7.68	6.5 years sd=6.64	ns
Q3.	What are the ages of your own children?			
	# of own children (n=84)	2.51 children sd=1.7	2.77 children sd=1.65	ns
	Average age of own children (n=70)	9.9 years sd=9.7	9.47 years sd=6.3	ns
	Average number of own children under 5 years	.805 children sd=.99	.535 children sd=.41	ns
Q4.	Do you plan to start working outside the home once all your children are school age? (n=39)	52.6% yes 21.1% not sure 26.3% no	45% yes 20% not sure 35% no	ns
Q5.	What attracted you to family day care work? You can choose more than one if you like.			
	a) wanted to stay at home with own children (n=74)	80.5% yes	79.1% yes	ns
	b) the enjoyment of children (n=84)	85.4% yes	90.7% yes	ns
	c) couldn't find other work at the time (n=84)	14.6% yes	4.7% yes	ns

(table continues)

		MEANS		
		UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
	d) wanted to work at home (n=84)	85.4% yes	83.7% yes	ns
	e) needed the money (n=84)	85.4% yes	79.1% yes	ns
	f) wanted to give own children some playmates (n=74)	29.3% yes	44.2% yes	ns
	g) other (listed in Appendix D)	46.3% yes	39.5% yes	ns
Q6.	Are you presently registered?	0% yes	48.8% yes	--
Q7.	How many years have you been registered? (registered only n=43)	--	3.65 years sd=3.27	--
Q8.	Which of these two types of training situations do you think that you would prefer? (n=84)			
	a) formal workshops and classes with specific topics	12.8% formal	21.4% formal	ns
	b) casual meetings to talk with other providers about common concerns	30.8 casual	38.1 casual	
	c) they are both equally appealing	56.4% both	40.5% both	
Q9.	How much longer do you plan to continue providing care? (max. value is 3 years) (n=84)	2.12 years sd=1.17	1.87 years sd=1.27	ns
	Percent of providers who had stopped providing care at time of interview (n=84)	18.6% stopped	29.3% stopped	ns

(table continues)

		MEANS		
		UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
Q10.	How many times have you stopped being a family day care provider once you started? (n=23)	.659 times sd=.79	.884 times sd=.98	ns
Q11.	For which of the following reasons, choose all that apply. (chi-sq. df=1 for each)			
	a) parents discontinued care	12.2% yes	20.9% yes	ns
	b) a change in my own situation (reasons listed in Appendix D)	36.6% yes	34.9% yes	ns
	c) stress of the job (hours and isolation)	2.4% yes	2.3% yes	ns
	d) money was too low	0% yes	7% yes	ns
	e) other (listed in Appendix D)	12.2% yes	20.9% yes	ns
Q12.	Do you have a driver's license?	85.4% yes	90.7% yes	ns
Q13.	Do you belong to any kind of a child care association or group? (n=84)	14.6% yes	16.3% yes	ns
Q14.	Do you have a substitute to call on if needed? (n=84)	70.7% yes	74.4% yes	ns
Q15.	How many full-time jobs have you held outside the home since high school? (n=84)	2.82 jobs sd=1.78	4.29 jobs sd=4.63	*
Q16.	Your age is? (n=84)	35.78 yrs. old sd=11.36	37.89 yrs. old sd=9.12	ns

(table continues)

	MEANS		
	UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
Q17. Do you think of your work as mainly			
a) babysitting	35.9% yes	33.3% yes	ns
b) a profession (n=84)	64.1% yes	66.7% yes	
Q18 and 19. Which of the following have you had information or training on? Going over the list again, which topics would you like more information on?			
a) setting up a family day care (n=84)	68.3% have	72.1% have	ns
	26.8% want	16.3% want	ns
b) working with parents (n=84)	48.8% have	48.8% have	ns
	48.8% want	48.8% want	ns
c) activities for young children (n=84)	80.5% have	93% have	ns
	73.2% want	55.6% want	ns
d) activities for school age children (n=84)	63.4% have	67.4% have	ns
	70.7% want	53.5% want	ns
e) meal planning and nutrition (n=84)	87.8% have	97.7% have	ns
	36.6% want	16.3% want	ns
f) the USDA food program (n=84)	46.3% have	83.7% have	●●●
	24.4% want	14% want	●●●
g) child development (n=84)	82.9% have	79.1% have	ns
	39% want	37.2% want	ns

(table continues)

	MEANS		
	UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
h) children with special needs, such as abused or handicapped children (n=84)	43.9% have 48.8% want	65.1% have 37.2% want	ns ns
i) discipline problems (n=84)	70.7% have 56.1% want	76.7% have 67.4% want	ns ns
j) first aid (n=84)	90.2% have 46.3% want	76.7% have 39.5% want	ns ns
k) health and safety (n=84)	87.8% have 39% want	95.3% have 32.6% want	ns ns
l) working with community services (n=84)	51.2% have 43.9% want	46.5% have 39.5% want	ns ns
m) joining a family day care association (n=84)	26.8% have 41.5% want	67.4% have 41.9% want	### ns
n) record keeping and money management (n=84)	70.7% have 39% want	83.7% have 34.9% want	ns ns
o) taxes for your family day care (n=84)	70.7% have 43.9% want	81.4% have 39.5% want	ns ns
p) stress management (n=84)	36.6% have 58.5% want	44.2% have 65.1% want	ns ns

(table continues)

		MEANS		
		UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
	q) time management (n=84)	48.8% have 43.9% want	46.5% have 41.9% want	ns ns
	r) others you may think are important (listed in Appendix D)	19.5% have 14.6% want	30.2% have 4.7% want	ns ns
Q18a.	Average number of topics have had training/ information on (n=84)	10.83 topics sd=4.34	12.53 topics sd=3.5	*
Q19a.	Average number of topics wanted more information on (n=84)	6.86 topics sd=4.09	7.93 topics sd=5.41	ns
	Average number of providers who requested 11 or more topics (only including providers who were still providing care at time of interview) (n=64)	83.9% yes	16.6% yes	0
Q20.	What is your present marital status? (n=84)			
	a) single	4.9% yes	7% yes	ns
	b) married	82.9% yes	74.4% yes	
	c) separated	0% yes	4.7% yes	
	d) divorced	4.9% yes	11.6% yes	
	e) widowed	7.3% yes	2.3% yes	
Q21.	What is your husband's occupation? (n=65)			
	a) unskilled	11.8% yes	6.5% yes	ns
	b) skilled	35.3% yes	48.4% yes	
	c) professional	32.4% yes	22.6% yes	
	d) student	8.8% yes	6.6% yes	
	e) unemployed	0% yes	6.5% yes	

(table continues)

	MEANS		
	UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
f) retired	2.9% yes	3.2% yes	
g) self employed/farmer	8.8% yes	6.5% yes	
For each of the following statements, tell me if you don't agree, somewhat agree, or strongly agree with the statement.			
Q22. "My husband approves of my working outside the home" (n=66)	20.6% don't 20.6% somewhat 58.8% strongly	18.8% don't 28.1% somewhat 53.1% strongly	ns
Q23. "Mothers with young children should not work outside the home, except as a last resort" (n=84)	19.5% don't 31.7% somewhat 48.8% strongly	30.2% don't 30.2% somewhat 39.5% strongly	ns
Q24. "Mothers with school age children should not work outside the home, except as a last resort" (n=84)	46.3% don't 36.6% somewhat 17.1% strongly	60.55% don't 30.2% somewhat 9.3% strongly	ns
Q25. "Being a good mother is all the training you need for being a good day care provider" (n=84)	63.4% don't 19.5% somewhat 17.1% strongly	79.1% don't 17.1% somewhat 4.7% strongly	ns
Q26. "My family day care business causes a lot of stress in my own family" (n=84)	65.9% don't 31.7% somewhat 2.4% strongly	60.5% don't 27.9% somewhat 11.6% strongly	ns
Q27. "Getting time to go to meetings and workshops on family day care is a problem" (n=83)	15% don't 30% somewhat 55% strongly	11.6% don't 34.9% somewhat 53.55% strongly	ns

(table continues)

		MEANS		
		UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
Q28.	"Getting transportation to meetings and workshops is a problem" (n=84)	82.9% don't 12.2% somewhat 4.9% strongly	88.4% don't 4.7% somewhat 7% strongly	ns
Q29.	"My family's needs come before my own" (n=83)	7.3% don't 26.8% somewhat 65.9% strongly	7.15% don't 40.5% somewhat 52.4% strongly	ns
Q30.	"All of my activities center around my home and family" (n=83)	14.6% don't 39% somewhat 46.3% strongly	23.8% don't 33.3% somewhat 42.9% strongly	ns
Q31.	Which of the following best describes the level of education you've completed? (n=83)			
	a) 8th grade or less	2.4% yes	2.4% yes	ns
	b) 9th grade to senior standing	0% yes	7.1% yes	
	c) high school graduate	39% yes	21.4% yes	
	d) junior college or technical school	2.4% yes	9.5% yes	
	e) some college	31.7% yes	42.3% yes	
	f) college graduate	9.8% yes	14.3% yes	
	g) graduate school	14.6% yes	2.4% yes	
Q32.	Would you mind telling me in which of these categories your total family income falls? (n=84)			
	a) less than $10,000/yr.	9.8% yes	21.4% yes	ns
	b) $10,001 to $20,000/yr.	39% yes	38.1% yes	
	c) $20,001 to $30,000/yr.	34.1% yes	33.3% yes	
	d) over $30,000/yr.	17.1% yes	7.1% yes	

(table continues)

	MEANS		
	UNREGISTERED PROVIDERS (UN)	REGISTERED PROVIDERS (REG)	SIGNIFICANCE LEVEL
Medium total family income	$20,714 per yr.	$17,500 per yr.	

*p$.05, one-tailed. +p$.05, two-tailed. @p$.05, chi-square df=1. @@p$.01, chi-square df=1. @@@p$.001, chi-square df=1.

[a] One or more cells have less than five observations per cell, which may make the chi-square test inappropriate.

Appendix B

Additional Comments Made by Subjects

Percentages given for most frequent comments.

Q5. Other responses to the question:

What attracted you to family day care work?

16.7% of all respondents mentioned reasons such as wanting to provide low cost, quality care for their own children (unregistered 9.7%; registered 7%)
added "to provide quality care to my community"
added "to provide care for a personal friend"
added "because of an interest in learning how to take care of children"
mentioned "for flexibility, to be own boss"
"to slow down"
"because relatives did this work and I got involved"
"to teach Christian philosophy"
"because it seemed I was always babysitting anyway"
"to learn English"

Q11. Other responses to the question:

For what reasons did you stop providing care?

16% "to have baby" (unregistered 12%; registered 4%)
16% "moved" (unregistered 8%; registered 8%)
"to work outside the home"
"to take break, travel or take vacation"
"for own children because of jealousy, intrusion"
"because all my kids were in school"
"own wedding"
"started school"
"illness in family"
"couldn't find children in age group I preferred"
"my temperment was wrong"
"trauma of sexual abuse case"

Q18r. Responses to the question:

"Any additional training you had that you think was important?"

7% experience with own children (unregistered 3%; registered 4%)
5% teacher's training
4% nurse's training
teacher's aid
Girl Scouts
missionary work

Q18r. "Any additional training," continued.

own learning disabled child
parents help
CPR training
art and free play
behavior modification
foster care
worked with children's services
on board for drug and alcohol abuse
self-esteem training
nurse's aid

Q19r. Responses to the question:

"Any other topics you would like to see offered?"

10% parents' education, helping parents with their guilt feelings (unregistered 8%; registered 2%)
working with abuse cases
how to be fair to own children
networking with other providers

Q31. Responses to the question:

"Any other additional comments?"

36% "I really enjoy it, love it, rewarding, happy, proud, it doesn't seem like work" (unregistered 25%; registered 11%)
12% "quality care is a problem, I know people with 13 and 14 kids" (unregistered 4%; registered 8%)
11% "parents are not good, unstable families, no time for children, parents don't cooperate, don't respect us, don't pick up on time, don't prepare child for day care, don't pay" (unregistered 3%; registered 8%)
"need more regulation and training"
"the type of person the provider is, is important to quality"
"felt stress from hours, isolation, no time off, no substatute"
"parents are not concerned with quality, they 'dump' children with me without asking questions about me or my day care"
"we are not treated with respect"
"regulation is a waste of time, you could lie easily, there is no quality control"
"the money was good"
"children are different/worse today"
"it has its ups and downs"
"car seat laws cause a problem for outings"
"I do a lot of counseling with my clients"
"I need to have children around"
"government needs to listen to providers more"
"government needs to spend more money on day care issues"

Q31. "Any other additional comments," continued.

"city zoning is an obstacle for family day care near the city center"
"I don't agree with the state's philosophy on spanking, so I didn't register"
"I don't like the idea of a home visit"
"CCCC did a good job, I'm sorry it's gone"
"welfare programs should make it easier for mothers to stay at home"
"parents are too fussy, the media has made them very demanding"
"parents usually do a good job"
"it's hard to keep enough kids in care"
"I'm not as young as I was"
"it keeps me active"
"dealing with a child abuse case was very hard for me"
"I can do other sales work while I'm at home"
"the money was too low"
"trying to find day care for my own children was traumatic"
"I think of them as my own kids"
"it's best to have children at the same age"
"it's important to be organized"
"I control what kind of kids I get"
"I would like to see your research when you're done"